

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILED DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1	1		1				51
2			1				52
3				1			53
4				1			54
5			1				55
6				1			56
7		2		2			57
8		1		1			58
9							59
10				1			60
11				1			61
12				1			62
13				1			63
14				1			64
15			1				65
16				1			66
17	1		1				67
18	1		1				68
19	1		1				69
20		1		1			70
21			1				71
22			1				72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	1		9				TOTAL IND.
TOTAL DEP.			2	14			TOTAL DEP.
TOTAL							TOTAL

BEST AVAILABLE COPY